

EXHIBIT “93”

PACIFIC LIFE INSURANCE COMPANY

Life Insurance Operations Center
P.O. Box 2030 • Omaha, NE 68103-2030
(800) 347-7787 • Fax (866) 398-0467
www.PacificLife.com

**PACIFIC LIFE****OWNERSHIP, NAME, OR BENEFICIARY CHANGE REQUEST**

Insured's Name: First MI Last <u>Erwin A. Collins</u>	Policy Number(s): <u>VF51701320</u>
Current Owner's Name: First MI Last <u>Windsor Securities, LLC</u>	Telephone Number: (Include area code) <u>(616) 642-3100</u>

1 OWNERSHIP CHANGE

☐ Check this box if this ownership change is in connection with a viatical or life settlement transaction.

I hereby transfer ownership of this policy to: (Print full name and address of new owner*)

*If more than one individual is named as owner, they will own the policy as joint

New Owner's Date of Birth _____
(mm/dd/yyyy)

Relationship of New Owner to Insured _____

and on the above owner's death to:

Contingent Owner (Print full name and address) - Optional

FILE COPY

Relationship of New Contingent Owner to Insured _____

Send Future Premium and Other Notices To:

(check one and provide name and address)

- ☐ New Owner
☐ Insured
☐ Payor
☐ Other

Name and Address of Party Receiving Premium Notices:

Note: A change in ownership may result in adverse tax consequences. Consult your tax advisor for guidance.

2 NAME CHANGE I direct Pacific Life to make the following name change:

Old Name _____

New Name _____

Name Change Applies To:

- ☐ Owner
☐ Insured
☐ Beneficiary
☐ Payor
☐ Other covered person

Reason For Change:

- ☐ Marriage
☐ Divorce (attach copy of court order)
☐ Court Order (attach copy)
☐ Correction
☐ Other _____



**OWNERSHIP, NAME, OR BENEFICIARY
CHANGE REQUEST****PACIFIC LIFE**

Insured's Name: First <u>Erwin</u>	MI <u>A.</u>	Last <u>Coultas</u>	Policy Number(s): <u>VFS1701320</u>
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3 CERTIFICATION OF NEW OWNER'S TAXPAYER IDENTIFICATION NUMBER

Taxpayer I. D. number is _____

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions in item 3 of the Certification on the official IRS Form W-9).

Note: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

4 BENEFICIARY CHANGE I revoke all previous beneficiary designations. Reserving the right to change the beneficiary, I direct that the death benefit be paid in one sum, unless otherwise specified, to the beneficiary designated below.

Primary Beneficiary (Print full name, address, and Social Security/Taxpayer ID Number of each primary beneficiary)

WINDSOR SECURITIES, LLC25 EAST ATHENS AVENUEARMORE, PA 19003TIN: 20-33603010Relationship of Primary Beneficiary to Insured POLICY OWNER

or should no primary beneficiary survive to receive payment to:

Contingent Beneficiary (Print full name, address, and Social Security/Taxpayer ID Number of each contingent beneficiary) — Optional

Relationship of Contingent Beneficiary to Insured _____

Note: If designating an irrevocable beneficiary, indicate "irrevocable" in the beneficiary designation. An irrevocable beneficiary designation can only be changed by the policyowner with the irrevocable beneficiary's consent.

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Insured's Name: First <i>Ewini</i>	MI <i>A.</i>	Last <i>Coumbs</i>	Policy Number(s): <i>VFS1701320</i>
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5 SIGNATURES

If you are signing below on behalf of an entity, you represent, under penalty of perjury, that you are authorized to execute this document and make the representations set forth herein. You further represent that all requirements of the entity's governing documents, including the use of the corporate seal (if a Corporation) and the number of authorized signatures, have been met. Each of the undersigned attests that no bankruptcy or insolvency proceedings have been filed or commenced by or against all signing parties.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

SIGNED AND DATED ON:

Date (mm/dd/yyyy) <i>8/26/2010</i>

<i>[Signature]</i> Policyowner's* Signature (Current)	Policyowner's Name: First MI Last <i>STEVEN G. PENNEY</i>			Title, if applicable <i>MANAGING MEMBER</i>
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<i>X</i> Assignee's* Signature	Assignee's Name: First MI Last (print)			Title, if applicable
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<i>X</i> Other Required* Signature (Must check a box below)	Other Required Name: First MI Last			Title, if applicable
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- Indicate role of "Other Required" signature:
- | | |
|--|--|
| <input type="checkbox"/> Additional Policyowner | <input type="checkbox"/> Attorney-in-Fact |
| <input type="checkbox"/> Additional Assignee | <input type="checkbox"/> Irrevocable Beneficiary |
| <input type="checkbox"/> Insured | <input type="checkbox"/> Premium Payor/Remitter |
| <input type="checkbox"/> Additional Insured | <input type="checkbox"/> New Policyowner (only required for ownership changes) |
| <input type="checkbox"/> Business Entity's Authorized Representative | <input type="checkbox"/> Applicant (only required at time of application) |
| <input type="checkbox"/> Trustee | <input type="checkbox"/> Other: _____ |

*If a Corporation, Trust or Business Entity, the full name of the Corporation, Trust or Business Entity must be shown below.

Corporation, Trust, or Business Entity's Name <i>WINDSOR SECURITIES, LLC</i>

PRODUCER: PROVIDE A PHOTOCOPY OF THIS SIGNED FORM TO ALL SIGNING PARTIES

INSTRUCTIONS

When to use this form:	This form is used to request ownership, beneficiary and name changes on a life insurance or fixed annuity policy.
Who must sign this form:	<p>For ownership changes, the current and new policyowner(s) must sign this form.</p> <p>POLICYOWNER(S) – Required signature(s) of current policyowner(s).</p> <p>ASSIGNEE(S) – Required when the policy has an active assignment(s) and the assignee's signature or consent is required according to the assignment agreement.</p> <p>OTHER REQUIRED SIGNATURE(S) – Any party that has an ownership interest that requires them to approve this policy request. Indicate their signing capacity by checking the appropriate role. The new policyowner(s) should sign this space.</p> <p>When the policy is community property, PL suggest that the current policyowner's spouse also sign the form. Community Property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.</p> <p>If the policyowner, assignee or other required signing party is a Corporation, Business Entity, or Trust, all signatures required by the governing documents or the trust agreement (if a Trust) must be included, in addition to the authorized representative(s) title or signing capacity.</p>
Where to send this form:	Send this form to Pacific Life Insurance Company, Life Insurance Operations Center, P.O. Box 2030, Omaha, NE 68103-2030. Our toll free number is (800) 347-7787.

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SAMPLE OWNERSHIP WORDING

Ownership Arrangement**Sample Wording**

One Owner

Mary Doe, Wife.

Several Owners (with deceased owner's interest passing to surviving owners)

John Smith, Paul Smith, Frank Smith, Brothers, as joint tenants with rights of survivorship.

Several Owners (with deceased owner's interest passing to his/her estate)

John Smith, Paul Smith, Frank Smith, Brothers, as tenants-in-common.

Partnership (General)

Smith and Jones, a general partnership composed of John Smith and Thomas Jones.

Partnership (Limited)

John Smith, general partner, Smith Associates, Limited Partnership.

Inter-Vivos Trust with One Trustee

The (Name of Trust) Trust, dated (Trust date), with (Name of Trustee), Trustee, or the successor or successors in trust.

Inter-Vivos Trust with More Than One Trustee

The (Name of Trust) Trust, dated (Trust date), with (Names of all Co-Trustees), or their successor or successors in trust, with exercise of any and all ownership rights requiring the signatures of any one Co-Trustee only**.

**Where all Co-Trustees must sign for each transaction, substitute the wording "of any one Co-Trustee only" with "All Co-Trustees."

Corporation

The ABC Company, a (State Of Incorporation) corporation, its successors or assigns.

Qualified Pension or Profit Sharing Plan Owner, with Trustee or Plan Administrator

(Name of Plan) Plan, with (Name of Trustee or Plan Administrator), Trustee or Plan Administrator.

UGMA/UTMA

Name of Custodian, as custodian for (Name of Minor), born (Date of Birth), under the (Name of the State and Name of the UGMA/UTMA Act for the State in Question.)

SAMPLE BENEFICIARY WORDING

Beneficiary Arrangement	Sample Wording
Estate	The Insured's Estate.
One Primary Beneficiary	Mary Doe, Wife.
Several Primary Beneficiaries	Mary Doe, Jane Doe and Thomas Doe, Wife and Children, equally, survivors or survivor.
Un-named Beneficiaries	My Children equally, survivors or survivor. The Children born of the marriage between John and Mary Doe, equally, survivors or survivor. Thomas Doe, Son and any other children born of the marriage between John and Mary Doe, equally, survivors or survivor.
Unequal Amounts	70% to Mary Doe, Wife, and 30% to John Doe, Son, or all to the survivor. 60% to Joe Doe, Husband, 20% to Mary Doe, Daughter and 20% to John Doe, Son. If the beneficiary should not survive, then the remaining beneficiaries shall share the deceased beneficiary's portion equally.
Partnership (General)	Smith and Jones, a general partnership comprised of John Smith and Thomas Jones.
Partnership (Limited)	John Smith, general partner, Smith Associates, Limited Partnership.
Corporation	The ABC Company, a <u>(State Of Incorporation)</u> corporation, its successors or assigns.
Inter-Vivos Trust	The <u>(Name of Trust)</u> Trust, dated <u>(Trust date)</u> , with <u>(Name of Trustee)</u> , Trustee, or the successor or successors in trust.
Testamentary Trust	The Trust created by the Will of <u>(Insured)</u> by <u>(Name of Trustee)</u> , Trustee, or the successor or successors in trust.
Split Dollar (Collateral Assignment or Endorsement)	XYZ Corporation, a <u>(State Of Incorporation)</u> corporation, its successors or assigns, in the amount claimed by said corporation not to exceed the amount payable under the policy, and the balance if any, payable to Jane Doe, spouse of the insured.
UGMA/UTMA	Minor as Insured: The estate of the Minor. Someone Other Than Minor as Insured: <u>Name of Custodian</u> , as custodian for <u>(Name of Minor)</u> , born <u>(Date of Birth)</u> , under the <u>(Name of the State and Name of the UGMA/UTMA Act for the State in Question.)</u>